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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		<b>Attorney Docket No.</b>	GMEMOS 3.0-001 CONT
		<b>First Inventor</b>	George Memos
		<b>Title</b>	PERSONAL CALLER ID
		<b>Express Mail Label</b>	
		EV342574286US	

22390 U.S. PTO  
10/718399112003  


<b>APPLICATION ELEMENTS</b> <i>See MPEP chapter 600 concerning utility patent application contents.</i>		<b>ADDRESS TO:</b> <i>Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</i>	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)  2. <input checked="" type="checkbox"/> Applicant claims small entity status.  3. <input checked="" type="checkbox"/> Specification [Total Pages 18] <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 3]  5. Oath or Declaration [Total Sheets 2] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</i>		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))  10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>  11. <input type="checkbox"/> English Translation Document (if applicable)  12. <input type="checkbox"/> Information Disclosure Statement (IDS) PTO-1449 <input type="checkbox"/> Copies of IDS Citations  13. <input type="checkbox"/> Preliminary Amendment  14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> Certified Copy of Priority Document(s)  15. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).  16. <input type="checkbox"/> Applicant must attach form PTO/SB/35 or its equivalent.  17. <input type="checkbox"/> Other: _____	
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76  18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: 09/246,177 <i>Prior application information: Examiner R. Barrie Art Unit: 2643</i>			

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

<b>19. CORRESPONDENCE ADDRESS</b>				
<input checked="" type="checkbox"/> Customer Number:		000530	OR	<input type="checkbox"/> Correspondence address below
Name _____				
Address _____				
City _____	State _____	Zip Code _____		
Country _____	Telephone _____	Fax _____		

Name (Print/Type)	Andrew T. Zidel	Registration No. (Attorney/Agent)	45,256
Signature			Date
			November 20, 2003



22783 U.S.PTO

Use in lieu of PTO/SB/17 (08-03)  
(Form updated to reflect FY 2004 fees effective 10/1/03)

FEE TRANSMITTAL for FY 2004					
Effective 10/01/2003, Patent fees are subject to annual revision.					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
TOTAL AMOUNT OF PAYMENT		(\$ 385.00)			
<b>METHOD OF PAYMENT</b> (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number <b>12-1095</b>					
Deposit Account Name <b>Lemer, David, Littenberg, Krumholz &amp; Mentlik, LLP</b>					
The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.					
FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity		Small Entity		Fee Description	
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	
1001	770	2001	385	Utility filing fee	385.00
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
<b>SUBTOTAL (1)</b>		(\$ 385.00)			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
		Extra Fee from Claims below		Fee Paid	
Total Claims	11	-20** =	<input type="text"/>	<input type="text"/> x <input type="text"/> =	<input type="text"/> 0.00
Independent Claims	2	-3** =	<input type="text"/>	<input type="text"/> x <input type="text"/> =	<input type="text"/> 0.00
Multiple Dependent			<input type="text"/>	<input type="text"/> =	<input type="text"/>
Large Entity		Small Entity		Fee Description	
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claim, if not paid	
1204	86	2204	43	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	
<b>SUBTOTAL (2)</b>		(\$ 0.00)			
**or number previously paid, if greater; For Reissues, see above					
SUBMITTED BY <span style="float: right;">(Complete if applicable)</span>					
Name (Print/Type)	Andrew T. Zidel		Registration No. (Attorney/Agent)	45,256	Telephone (908) 518-6385
Signature			Date	November 20, 2003	